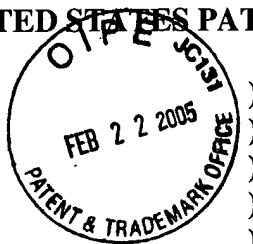


8FW
PATENT 2662
✓

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/823,475



For: METHOD AND APPARATUS
FOR PROVIDING MULTIPLE
QUALITY OF SERVICE
LEVELS IN A WIRELESS
PACKET DATA SERVICES
CONNECTION

Abrol et al.

Examiner: Karen C. Tang

Filed: March 30, 2001

) Group No. 2662

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to an Office Action dated 11/15/2004, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Carola Emelius-Swartz
(type or print name)

Date: 2/14/2005

Signature: _____

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

02/24/2005 MBERHE 00000013 170026 09823475
01 FC:1201 800.00 DA

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Customer No.: 23696
Attorney Docket No.: 010153
In Re Application of: ABROL et al.
Serial Number: 09/823,475
Filed: 3/30/2001
Examiner: KAREN C. TANG
Group Art Unit: 2662

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	26	30	0	x \$50 =	\$0.00
Independent**	12	8	4	x \$200 =	\$800.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$0.00
				\$450	\$0.00
				\$1020	\$0.00
TERMINAL DISCLAIMER				\$130	\$0.00
				TOTAL FEE	\$800.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$800.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 2/15/2005Signature: Jian Ma, Reg. No. 48,820
(858) 651-5527

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Carola Emelius-Swartz
(type or print name)

Date: 2/15/2005**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Signature: 